REMARKS

The Non-Final Office Action mailed February 26, 2009, has been received and reviewed. Prior to the present communication, claims 25-30, 55-60, 85-89, 91, and 92 were pending in the subject application. All pending claims stand rejected. In particular, claims 25-30, 55-60, 89-89 and 92, stand rejected under 35 U.S.C. § 112, while claims 25-30, 85-89, 91, and 92 stand rejected under 35 U.S.C. § 101 and claims 25-30, 55-60, 85-89, 91, and 92 stand rejected under 35 U.S.C. § 103.

In response, each of claims 25, 28, 29, 55, 85, 91, and 92 has been amended herein, while no claims have been canceled and claim 93 has been added. As such, claims 25-30, 55-60, 85-89, and 91-93 remain pending. It is submitted that no new matter has been added by way of the present amendments. Reconsideration of the subject application is respectfully requested in view of the above amendments and the following remarks.

Support for Claim Amendments

Independent claim 25 been amended herein to recite a clarification of the process of processing hereditary data related to the use of clinical agents by a person. In particular, the clarification relates to presenting two separate GUI's that include specific fields incorporated therein for optimally assisting a physician with commencing a genetic test and understanding a result of the genetic test.

In one instance, the GUI is displayed on a display device that "is configured to solicit input from a clinician to ascertain whether to authorize performing a genetic test on a patient," where "the GUI displays fields that reveal an identification of the person and an identification of the genetic test to be performed," where "the GUI is configured to receive approval from the clinician to carry out the genetic test," and where "the GUI is configured to

receive a result value of the genetic test for the person." In this way, the GUI provides in its fields only information that is relevant to determining whether to order a genetic test. Further, the GUI provides fields for ordering the test and for providing the genetic test result value once the genetic test has already been conducted.

In another instance, the GUI displayed on the display device is configured to output "an interpretation of the genetic test result value and the list of risk-associated agents," where "outputting comprises showing to the clinician a notification window that displays the list of risk-associated agents, a warning of effects of the polymorphism value, and alternate clinical agents that are not associated with the polymorphism value." Accordingly, because embodiments of the invention relate to a system that carries out a computer-implemented method, (a) retrieving the list of risk-associated agents from the computerized table listing polymorphism values, (b) retrieving the effects of each of the polymorphism values from a data store, (c) retrieving alternate clinical agents that are not associated with the polymorphism values from a table, and (d) displaying this information together on a GUI can be carried out efficiently and accurately. Physicians with limited experience with genetic testing would not know to complete each of these steps. And, even if each of the steps were completed, a physician would not consistently interpret the polymorphism values with accuracy (e.g., properly assess the effects of the polymorphism values or ascertain the proper alternate clinical agents). Support for these claim amendments may be found in the Specification, for example, at paragraphs [0033], [0039], [0045]-[0049], and [0055], and at FIGS. 3-5.

Independent claim 55 has been amended herein to recite a new process for determining whether to request authorization from a physician/clinician to order a genetic test, or whether to automatically order the genetic test without a request and approval. This new process

involves the following steps: "(a) determining whether to request authorization from a clinician to carry out the genetic test based on two criteria, a cost of the genetic test and a likelihood of a genetic variation based on demographic information of the patient; and (b) when authorization is requested of the clinician, receiving approval from the clinician to carry out the genetic test to find a genetic test result value for the person." In this way, if the two criteria are met (e.g., a high cost of the genetic test and a low likelihood that patient exhibits the genetic variation, according to the patient's demographic information), the physician is asked to authorize a genetic test. Otherwise, the genetic test is automatically ordered with taking the time of the physician. Support for these claim amendments may be found in the Specification, for example, at paragraph [0039].

Independent claim 85 has been amended herein to expand upon the method of processing hereditary data related to the use of clinical agents by a person. In particular, the expanded method includes the steps of receiving a "result value of the genetic test for the person upon carrying out the genetic test," when the genetic test result is unavailable, "*utilizing personal information about the person* for calculating a likelihood that the person displays genetic variability linked with genes associated with the genetic test when the personal information is accessible," when personal information about the person is inaccessible, "*utilizing genetic variability of a general population* for calculating the likelihood that the person displays genetic variability linked with genes associated with the genetic test" (emphasis added). In this way, a decision tree, or arbitrage process, is claimed that first looks for a genetic test result value (most accurate), then for personal information (somewhat accurate), and then for population information (least accurate) to identify whether a patient has a genetic variability.

The expanded method further includes the steps of "determining a severity of each atypical event that could occur upon the person using the clinical agents," and "generating a GUI that shows to the clinician risk information comprising the likelihood of genetic variability and the atypical-event severity associated with the genetic variability." Support for these claim amendments may be found in the Specification, for example, at paragraphs [0040] – [0044], and at paragraphs [0050] – [0052].

Claim 91 has been amended herein to clarify the method of determining whether to automatically generate a low-risk clinical response or a high-risk clinical response. This clarified determination is based on (a) "whether the person has been exposed to an agent on the list of risk-associated agents," and (b) "whether a dosage of the agent exceeds a predetermined dangerous level." Accordingly, "if the person has been exposed to a dosage of the agent on the list of risk-associated agents that is above the predetermined dangerous level," the method involves "automatically generating the high-risk clinical response that includes reducing the dosage of the agent to an amount below the predetermined dangerous level." In this way, even if the person has been exposed to an agent on the list of risk-associated agents, there may not be a change in the treatment unless the dosage of the agent is of an amount above the predetermined dangerous level. Support for these claim amendments may be found in the Specification, for example, at paragraphs [0054] – [0056].

In general, amendments to the claimed subject matter are not "new matter" within meaning of 35 U.S.C. § 132 or Rule 118 of Patent Office Rules of Practice, unless they disclose an invention, process, or apparatus not theretofore described. Further, if later-submitted material

simply clarifies or completes prior disclosure, it cannot be treated as "new matter."[1] By disclosing in a patent application a device that inherently performs a function or has a property, operates according to a theory or has an advantage, "a patent application *necessarily discloses* that function, theory or advantage, even though it says nothing explicit concerning it" (emphasis added).[2] The application may later be amended to recite the function, theory or advantage without introducing prohibited new matter.[3] Accordingly, because these amendments are explicitly discussed, and/or inherent to, the procedure of processing genetic data for treatment purposes, as memorialized in the Detailed Description, the newly recited subject matter is encompassed by the scope of the Specification and does not constitute new matter.

Rejection based on 35 U.S.C. § 112

Claims 25-30, 55-60, 85-89, and 92 are rejected under 35 U.S.C. 112, first paragraph, for failing to comply with the written description requirement. In particular, the Office indicates that the claims contain subject matter that was not described in the Specification in such a way as to reasonably convey to one skilled in the relevant art that the inventors, at the time the application was filed, had possession of the claimed invention. With even more particularity, the Office states that claims 25, 55, 85, and 92 include the wording "publishing a graphical interface" and states that the term "publishing" is not found in the instant Specification.

In response, the Applicants direct the Office's attention to the Specification at ¶ [0033] that discloses showing an exemplary user interface window 30 and discloses the user interface window 30 presenting a graphical user interface. Further, the Specification at ¶ [0039]

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[1] *Triax Co. v Hartman Metal Fabricators, Inc.,* 479 F2d 951 (1973, CA2 NY); cert. denied, 94 S. Ct. 843 (1973).
[2] *See* MPEP § 2163.07; *In re Reynolds*, 443 F.2d 384 (CCPA 1971); *In re Smythe*, 480 F. 2d 1376 (CCPA 1973).
[3] *See id.*

discloses a system that displays a window (see FIG. 4) that includes information about a patient. Even further, the Specification at ¶ [0047] discloses displaying particular fields within a notification window. As stated above, the Triax Co. v Hartman Metal Fabricators, Inc. case indicates that later-submitted material that simply clarifies or completes prior disclosure cannot be treated as new matter. Accordingly, the term "publishing" is implicit to at least these portions of the Specification and is not new matter. However, in the interest of advancing prosecution, the term "publishing" is replaced by the term "displaying" in each of rejected claims 25, 55, 85, and 92.

In addition, the Office indicates that claim 85 includes unsupported wording of "automatically providing a notification in an email addressed to a physician that informs the physician to no longer administer the agent, wherein the physician is identified by the person's electronic medical record." In response, the Specification at ¶ [0052] discloses emailing a physician to inform the physician that a particular mutation is found. This disclosure, in combination with the disclosure of an electronic medical record, inherently supports the recited feature above. However, in the interest of advancing prosecution, the recited feature above is removed from the claim language.

Accordingly, with consideration of the amendments described above, it is contended that claims 25, 55, 85, and 92, and the claims that depend therefrom, are in condition for allowance, and such favorable action is respectfully requested.

Rejections based on 35 U.S.C. § 101

Claims 25-30, 85-89, 91, and 92 stand rejected under 35 U.S.C. § 101 for being directed toward non-statutory subject matter. In particular, the Office states that claims 25-30,

91, and 92 are drawn to a process that is neither (a) tied to a particular machine or apparatus, nor (b) transforms an article to a different state of thing.[4]

In response, independent claim 25 is amended to recite the step of "displaying a graphical user interface (GUI) on a display device." This amendment finds support in the Specification, at least, in paragraph [0029] (describing the connection of a server to a display device), and in paragraph [0033] (describing the presentation of the graphical user interface). By claiming a display device, the presentation of the GUI is tied to a particular apparatus, and, accordingly, claim 25 and the claims that depend therefrom fall within the statutory requirements of § 101.

Further, in response, independent claim 91 is amended to recite the steps of "querying a computerized table listing polymorphism values and atypical clinical events associated with the polymorphism values, *wherein the computerized table is stored on a processing unit*," and "*utilizing the processing unit to determine* if the genetic test result value is a polymorphism value associated with an atypical clinical event" (emphasis added). This amendment finds support in the Specification, at least, in paragraph [0025] (describing the use of a processing unit for carrying out embodiments of the invention). By claiming a processing unit, the storage and analysis of the computerized table is tied to a particular apparatus, and, accordingly, claim 91 falls within the statutory requirements of § 101.

In addition, the Office indicates that claims 85-89 are directed to "computer-readable media," which is interpreted to include information in the form of a signal (e.g., a carrier wave). Based on the inclusion of the carrier wave, the Office concludes that independent

[4] *See In re Bilski*, 88 U.S.P.Q.2d 1385 (Fed. Cir. 2008).

claim 85, and the claims that depend therefrom, fail to fall within any of the four categories of statutory subject matter.

With respect to claim 85, the Office has rejected the previous amendment replacing "computer readable media" with "computer storage media." The Specification describes "computer readable media" as comprising either "computer storage media" or "communication media."[5] The "communication media" includes such data as a modulated signal and a carrier wave, which are currently not considered to fall within the statutory classes of § 101. As such, claim 85 is limited to "computer storage media," which encompasses tangible embodiments of media storage (e.g., RAM, ROM, EEPROM, flash memory, DVD's, CD-ROM, and the like). Because computer storage media is directed toward physical memory—as opposed to communication media that may include information-delivery media—claim 85 is limited to physical memory.

The Office states that "computer media" comprises communication media, which is non-statutory subject matter.[6] Initially, the Specification does not disclose "computer media," only "computer readable media," "computer storage media," and "communication media." As discussed above, "computer readable media" includes "communication media." However, "computer storage media" is a separate group within "computer readable media" that does not include "communication media."

As computer storage media is directed toward tangible embodiments, claim 85 is limited to statutory subject matter. "When functional descriptive material is recorded on some computer-readable medium, it becomes structurally and functionally interrelated to the medium and will be statutory in most cases since the use of technology permits the function of the

[5] Specification at ¶ [0026].

descriptive material to be realized."[7] Claim 85 is now directed to computer-executable instructions embedded on "computer storage media" that stores a data structure and, thus, constitutes physical articles that fall within the statutory classes. That is, amended claim 85 relates to media encoded with a data structure that defines structural and functional interrelationships between the data structure of the computer software and hardware components. This permits the data structure's functionality to be realized.

Accordingly, it is respectfully submitted that amended claim 85 is limited to tangible embodiments and, thus, is directed toward statutory subject matter. Further, each of claims 86-89 are believed to be in condition for allowance based, in part, upon their dependency from independent claim 85, and such favorable action is respectfully requested.

Rejections based on 35 U.S.C. § 103

A.) Applicable Authority

The teachings or suggestions to make the claimed combination and the reasonable expectation of success must both be found in the prior art, not in Applicant's disclosure.[8] To establish a *prima facie* case of obviousness, all the claim limitations must be taught by the prior art.[9] "All words in a claim must be considered in judging the patentability of that claim against the prior art."[10]

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[6] Office Action at pg. 5.
[7] MPEP § 2106.01. *See*, *In re Lowry*, 32 F.3d 1579, 1583-84 (Fed. Cir. 1994) (discussing patentable weight of data structure stored on a computer readable medium that increases computer efficiency); s*ee also*, *In re Warmerdam*, 33 F.3d 1354, 1360-61 (discussing patentable weight of data structure limitations in the context of a statutory claim to a data structure stored on a computer readable medium that increases computer efficiency).
[8] *See* MPEP § 2143; *In re Vaeck*, 947 F.2d 488, 20 U.S.P.Q.2d 1438 (Fed. Cir. 1991).
[9] MPEP § 2143.03; *In re Royka*, 490 F.2d 981, 180 U.S.P.Q. 580 (CCPA 1974).
[10] MPEP § 2143.03; *In re Wilson*, 57 C.C.P.A. 1029, 1032 (1970)

B.) Obviousness Rejection based upon *Internal Medicine* (July 2000) to Ichikawa in view of *Science* (October 1999) to Evans, et al., U.S. Publication No. 2002/0049772 to Reinoff et al. and further in view of U.S. Publication No. 2002/0038227 to Fey et al.

Claims 25-30, 55-60, 85-89, 91, and 92 are rejected under 35 U.S.C. 103(a) as being unpatentable over *Internal Medicine* (July 2000) Vol. 39, No. 7, pp. 523-524 (hereinafter Ichikawa), in view of *Science* (October 1999) Vol. 286, pp. 487-491 (hereinafter Evans), and U.S. Publication No. 2002/0049772 to Reinhoff (hereinafter Reinhoff), and further in view of U.S. Publication No. 2002/0038227 to Fey et al. (hereinafter Fey). As the Ichikawa reference, the Evans reference, the Reinhoff reference, and the Fey reference, whether taken alone or in combination, fail to teach or suggest all of the limitations of the rejected claims, Applicants respectfully traverse this rejection, as hereinafter set forth.

Independent claim 25, as amended herein, recites a computer-implemented method for processing hereditary data related to the use of clinical agents by a person. In particular, the method includes displaying a GUI on a display device, wherein the GUI "is configured to solicit input from a clinician to ascertain whether to authorize performing a genetic test on a patient," where "the GUI displays fields that reveal an identification of the person and an identification of the genetic test to be performed," where "the GUI is configured to receive approval from the clinician to carry out the genetic test," and where "the GUI is configured to receive a result value of the genetic test for the person." In this way, the GUI provides in its fields only information that is relevant to determining whether to order a genetic test. Further,

the GUI provides fields for ordering the test and for providing the genetic test result value once the genetic test has already been conducted.

In addition, the method of claim 25 includes the step of displaying a GUI that is configured to output "an interpretation of the genetic test result value and the list of risk-associated agents," where "outputting comprises showing to the clinician a notification window that displays the list of risk-associated agents, a warning of effects of the polymorphism value, and alternate clinical agents that are not associated with the polymorphism value." Accordingly, because embodiments of the invention relate to a system that carries out a computer-implemented method, (a) retrieving the list of risk-associated agents from the computerized table listing polymorphism values, (b) retrieving the effects of each of the polymorphism values from a data store, (c) retrieving alternate clinical agents that are not associated with the polymorphism values from a table, and (d) displaying this information together on a GUI can be carried out efficiently and accurately. Physicians with limited experience with genetic testing would not know to complete each of these steps. And, even if each of the steps were completed, a physician would not consistently interpret the polymorphism values with accuracy (e.g., properly assess the effects of the polymorphism values or ascertain the proper alternate clinical agents).

The Office indicates that neither the primary reference, Ichikawa, nor the Evans reference teach displaying a GUI.[11] Further, the Office indicates that the Reinhoff reference does not explicitly recite a graphical user interface having the specific functionality of the GUI's claimed. However, the Office states that Reinhoff at paragraph [0010] teaches a computer program that allows identification of a susceptibility locus in individuals using genetic screening. But, Reinhoff does not describe automatically generating a GUI with a notification window that

displays (a) the list of risk-associated agents, (b) a warning of effects of the polymorphism value, and (c) alternate clinical agents that are not associated with the polymorphism value. Instead, the Reinhoff reference simply identifies whether a patient is susceptible based on genetic screening. There is no consideration of interpreting this susceptibility to provide effects of treatment or providing alternative treatments based on the susceptibility.[12] Further, the cited portions of Reinhoff do not describe a GUI for presenting this information to a clinician/physician.

The Office further states that there is an implication that a doctor would perform a risk assessment based on genetic information.[13] However, at the time of the invention, doctors were not knowledgeable of the effects of a person's genetic disposition on treatment and what the alternatives to each course of treatment would comprise. This statement above receives support from the Specification at paragraph [0060], which states the following:

> The system *allows physicians to consider the genetic implications of prescribing any one of thousands of clinical agents* and instantly have information relating to significant risk considered either automatically or manual in the clinical process. By integrating unchanging hereditary information with newfound knowledge associating this information to certain clinical agents, the system will *allow the caregiver to appreciate the risks that are not readily apparent from the symptoms of the patient or associated with the particular agent*. (Emphasis added.)

The Office further relies on the Fey reference to teach a GUI that includes the specific fields recited by claim 25. However, the Fey reference does not describe automatically generating a GUI with a notification window that displays (a) the list of risk-associated agents,

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[11] Office Action at pgs. 8 and 9.
[12] *See Reinhoff reference* at ¶ [0010].

(b) a warning of effects of the polymorphism value, and (c) alternate clinical agents that are not associated with the polymorphism value. Instead, the Fey describes transmitting results to a centralized health screening and data management system and then generating a report.[14] This report, as discussed in the cited portions of the Fey reference, does not include the elements (a)-(c) listed above. As such, the Fey reference does not describe the specific, inventive GUI that provides the claimed information (a)-(c) to the clinician.

In view of the above, it is contended that the combination of the Ichikawa, Evens, Reinhoff, and Fey references does not teach or suggest the specific content of the GUI's recited by claim 25. As such, it is respectfully requested that the 35 U.S.C. § 103(a) rejection of independent claim 25, as amended, be withdrawn. Each of claims 26-30 and 92 depend, either directly or indirectly, from independent claim 25. As such, these claims are believed to be in condition for allowance at least by virtue of their dependency.[15] Consequently, withdrawal of the obviousness rejection and allowance of claims 25-30 and 92 are respectfully requested.

Independent claim 55 has been amended herein to recite a new process for determining whether to request authorization from a physician/clinician to order a genetic test, or whether to automatically order the genetic test without a request and approval. This new process involves the following steps: "(a) determining whether to request authorization from a clinician to carry out the genetic test based on two criteria, a cost of the genetic test and a likelihood of a genetic variation based on demographic information of the patient; and (b) when authorization is requested of the clinician, receiving approval from the clinician to carry out the genetic test to find a genetic test result value for the person." In this way, if the two criteria are met (e.g., a

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[13] Office Action at pg. 9, ll. 13-16.
[14] *See Fey reference* at pg. 4, ¶ [0048].

high cost of the genetic test and a low likelihood that patient exhibits the genetic variation, according to the patient's demographic information), the physician is asked to authorize a genetic test. Otherwise, the genetic test is automatically ordered with soliciting input of the physician.

None of the cited portions of the Ichikawa reference, the Evans reference, the Reinhoff reference, and the Fey reference, whether taken alone or in combination, teach or suggest reviewing the two criteria of (a) a cost of the genetic test, and (b) a likelihood of a genetic variation based on demographic information of the patient when determining whether to request a physician to authorize a genetic test. Accordingly, for at least this reason, it is respectfully requested that the 35 U.S.C. § 103(a) rejection of independent claim 55, as amended, be withdrawn. Each of claims 56-60 depend, either directly or indirectly, from independent claim 55. As such, these claims are believed to be in condition for allowance at least by virtue of their dependency.[16] Consequently, withdrawal of the obviousness rejection and allowance of claims 55-60 are respectfully requested.

Independent claim 85 has been amended herein to expand upon the method of processing hereditary data related to the use of clinical agents by a person. In particular, the expanded method includes the steps of receiving a "result value of the genetic test for the person upon carrying out the genetic test," when the genetic test result is unavailable, "*utilizing personal information about the person* for calculating a likelihood that the person displays genetic variability linked with genes associated with the genetic test when the personal information is accessible," when personal information about the person is inaccessible, "*utilizing genetic variability of a general population* for calculating the likelihood that the person displays genetic variability linked with genes associated with the genetic test" (emphasis added).

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[15] *See* 37 C.F.R. § 1.75(c) (2006).

In this way, a decision tree, or arbitrage process, is claimed that first looks for a genetic test result (most accurate), then personal information (somewhat accurate), and then for population information (least accurate) to identify a likelihood that a patient has a genetic variability. None of the cited portions of the Ichikawa reference, the Evans reference, the Reinhoff reference, and the Fey reference, whether taken alone or in combination, teach or suggest a decision tree that looks at a first criteria (genetic test result value), a second criteria (personal information), and a third criteria (genetic variability of the general population) in that order to find a likelihood that a person has a genetic variability. Accordingly, for at least this reason, it is respectfully requested that the 35 U.S.C. § 103(a) rejection of independent claim 85, as amended, be withdrawn. Each of claims 86-89 depend, either directly or indirectly, from independent claim 85. As such, these claims are believed to be in condition for allowance at least by virtue of their dependency.[17] Consequently, withdrawal of the obviousness rejection and allowance of claims 85-89 are respectfully requested.

Claim 91 has been amended herein to clarify the method of determining whether to automatically generate a low-risk clinical response or a high-risk clinical response. This clarified determination is based on (a) "whether the person has been exposed to an agent on the list of risk-associated agents," and (b) "whether a dosage of the agent exceeds a predetermined dangerous level." Accordingly, "if the person has been exposed to a dosage of the agent on the list of risk-associated agents that is above the predetermined dangerous level," the method involves "automatically generating the high-risk clinical response that includes reducing the dosage of the agent to an amount below the predetermined dangerous level." In this way, even if the person has been exposed to an agent on the list of risk-associated agents, there may not be a

[16] *See* 37 C.F.R. § 1.75(c) (2006).

change in the treatment unless the dosage of the agent is of an amount above the predetermined dangerous level.

Initially, the Office finds the recited decision to implement a high-risk or low-risk clinical response (based on whether the patient is exposed to an agent on the list of risk-associated agents) obvious "because the goal of the health data management system is to enable a consumer/client to better monitor their health at a genetic level."[18] However, this newly amended decision, based on two criteria (i.e., whether the person has been exposed to an agent on the list of risk-associated agents, and whether a dosage of the agent exceeds a predetermined dangerous level), to implement one set of actions (high-risk) or another set of actions (low risk) was not inherent to the provision health care at the time of invention. Instead, using these two specific criteria was a new and detailed way to use the results of the processes in claim 91 to affect the treatment of the patient.

None of the cited portions of the Ichikawa reference, the Evans reference, the Reinhoff reference, and the Fey reference, whether taken alone or in combination, teach or suggest looking at both the identity of the agent (on the list of risk-associated agents?) and the dosage of the agent (does it exceeds a predetermined dangerous level?) to determine whether to generate a high-risk clinical response that includes reducing the dosage of the agent to an amount below the predetermined dangerous level or a low-risk clinical response. Accordingly, for at least this reason, it is respectfully requested that the 35 U.S.C. § 103(a) rejection of independent claim 91, as amended, be withdrawn. Claim 93 depends from independent claim 91. As such, claim 93 is believed to be in condition for allowance at least by virtue of its dependency.[19]

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[17] *See* 37 C.F.R. § 1.75(c) (2006).
[18] Office Action at pg. 13.
[19] *See* 37 C.F.R. § 1.75(c) (2006).

Consequently, withdrawal of the obviousness rejection and allowance of claims 91 and 93 are respectfully requested.

NEW CLAIMS

Claim 93 has been added by way of the present communication. It is respectfully submitted that this claim is supported by the as-filed specification and that no new matter has been added by way of this claim addition.

CONCLUSION

For at least the reasons stated above, each of claims 25-30, 55-60, 85-89, and 91-93 is believed to be in condition for allowance. Applicants respectfully request withdrawal of the pending rejections and allowance of the claims. If any issues remain that would prevent issuance of this application, the Examiner is urged to contact the undersigned—by telephone at 816.559.2136 or via email at btabor@shb.com (such communication via email is herein expressly granted)—to resolve the same prior to issuing a subsequent action.

The extension fee has been submitted herewith; but is believed that no additional fee is due in conjunction with the present communication. However, if this belief is in error, the Commissioner is hereby authorized to charge any amount required to Deposit Account No. 19-2112, referencing attorney docket number CRNI.83071.

Respectfully submitted,

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